

<i>SERFF Tracking Number:</i>	<i>UTAC-126406324</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44317</i>
<i>Company Tracking Number:</i>	<i>LOYAL-MS-PROPOSAL-AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Proposal</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN</i>		

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Medicare Supplement Proposal SERFF Tr Num: UTAC-126406324 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed State Tr Num: 44317

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: LOYAL-MS-PROPOSAL-AR State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Joyce Kostakis, Melissa MacLaurin

Date Submitted: 12/11/2009 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Proposal

Project Number: LOYAL-MS-PROPOSAL-GN

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: will be filing in domicile state

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/06/2010

Explanation for Other Group Market Type:

State Status Changed: 01/06/2010

Deemer Date:

Created By: Melissa MacLaurin

Submitted By: Melissa MacLaurin

Corresponding Filing Tracking Number:

Filing Description:

Loyal American Life Insurance Company NAIC: 65722 FEIN: 63-0343428

Requesting Approval for Medicare Supplement Proposal:

Form Number Form Description

Loyal-MS-Proposal-GN Medicare Supplement Proposal

Proposal to be used with Medicare Supplement policies described below:

Form: Form Number: Approval Date:

Medicare Supplement Plan A L-5230-AR 9/22/2005

Medicare Supplement Plan B L-5231-AR 11/22/2005

SERFF Tracking Number: UTAC-126406324 State: Arkansas
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Medicare Supplement Plan C L-5232-AR 11/22/2005
Medicare Supplement Plan D L-5233-AR 11/22/2005
Medicare Supplement Plan F L-5234-AR 11/22/2005
Medicare Supplement Plan G L-5235-AR 11/22/2005

Dear Analyst:

The Medicare Supplement Proposal form is submitted for your and approval. The proposal will be used with the Medicare Supplement policies described above and any future as well as any future approved plan types. The policy forms described above provides Medicare Supplement insurance and the coverage is sold through licensed agents.

The proposal will be provided to prospective clients as an illustration of the premium rate based on the age provided, the insured's resident address and the plan selected. Premium rates will be described for all plans, however the plan selected by the insured will have bold font for ease of reference.

This advertisement is new and does not replace any forms previously approved by your department.

Should you have any questions, please feel free to contact me at 866-459-4272, ext. 4794 or by email at MMacLaurin@gafri.com.

Sincerely,

Melissa MacLaurin,
Compliance Analyst
866-459-4272
E-mail: MMacLaurin@gafri.com

Company and Contact

Filing Contact Information

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com
11200 Lakeline Blvd Ste 100 512-807-4794 [Phone]
Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio

SERFF Tracking Number: UTAC-126406324 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 44317
 Company Tracking Number: LOYAL-MS-PROPOSAL-AR
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Medicare Supplement Proposal
 Project Name/Number: Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
 P.O. Box 559004 Group Name: Company
 Austin, TX 78755-9004 FEIN Number: 63-0343428 State ID Number:
 (800) 633-6752 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$25.00	12/11/2009	32729171

SERFF Tracking Number:	UTAC-126406324	State:	Arkansas
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Company Tracking Number:	LOYAL-MS-PROPOSAL-AR		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	Medicare Supplement Proposal		
Project Name/Number:	Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	01/06/2010	01/06/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/05/2010	01/05/2010	Melissa MacLaurin	01/06/2010	01/06/2010

<i>SERFF Tracking Number:</i>	<i>UTAC-126406324</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>LOYAL-MS-PROPOSAL-AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Proposal</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN</i>		

Disposition

Disposition Date: 01/06/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTAC-126406324</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Medicare Supplement Proposal</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Accepted for Informational Purposes	Yes
Form (revised)	Medicare Supplement Proposal	Filed	Yes
Form	Medicare Supplement Proposal	Disapproved	Yes

SERFF Tracking Number: UTAC-126406324 State: Arkansas
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Company Tracking Number: LOYAL-MS-PROPOSAL-AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Proposal
Project Name/Number: Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/05/2010
Submitted Date 01/05/2010
Respond By Date 02/05/2010

Dear Melissa MacLaurin,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Supplement Proposal, Loyal-MS-Proposal-GN (Form)

Comment: AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium". Please remove the first sentence under the rate chart.

Objection 2

- Medicare Supplement Proposal, Loyal-MS-Proposal-GN (Form)

Comment: AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise the second sentence under the rate chart to comply.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/06/2010
Submitted Date 01/06/2010

Dear Stephanie Fowler,

Comments:

Ms. Fowler,

Response 1

SERFF Tracking Number: UTAC-126406324 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 44317

Company Tracking Number: LOYAL-MS-PROPOSAL-AR

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Proposal

Project Name/Number: Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN

Comments: The advertisement has been revised to comply with AR Rule and Regulation 27 s6(C) by removing the first sentence under the rate chart per your request.

Related Objection 1

Applies To:

- Medicare Supplement Proposal, Loyal-MS-Proposal-GN (Form)

Comment:

AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium". Please remove the first sentence under the rate chart.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Medicare Supplement Proposal	Loyal-MS-Proposal-AR		Advertising	Initial		0.000	Loyal-MS-Proposal-AR.pdf
Previous Version							
Medicare Supplement Proposal	Loyal-MS-Proposal-GN		Advertising	Initial		0.000	Loyal-MS-Proposal-GN.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: The advertisement has been revised to comply with AR Code Ann. 23-79-109(a)(4) by removing the age requirement in regards to premiums per your request.

Related Objection 1

Applies To:

- Medicare Supplement Proposal, Loyal-MS-Proposal-GN (Form)

Comment:

SERFF Tracking Number: UTAC-126406324 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 44317
 Company Tracking Number: LOYAL-MS-PROPOSAL-AR
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Medicare Supplement Proposal
 Project Name/Number: Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise the second sentence under the rate chart to comply.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Medicare Supplement Proposal	Loyal-MS-Proposal-AR		Advertising	Initial		0.000	Loyal-MS-Proposal-AR.pdf
Previous Version							
Medicare Supplement Proposal	Loyal-MS-Proposal-GN		Advertising	Initial		0.000	Loyal-MS-Proposal-GN.pdf

No Rate/Rule Schedule items changed.

Thank you for your time,

Melissa MacLaurin

Sincerely,

Joyce Kostakis, Melissa MacLaurin

SERFF Tracking Number: UTAC-126406324 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 44317

Company Tracking Number: LOYAL-MS-PROPOSAL-AR

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Proposal

Project Name/Number: Medicare Supplement Proposal/LOYAL-MS-PROPOSAL-GN

Form Schedule

Lead Form Number: Loyal-MS-Proposal-GN

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/06/2010	Loyal-MS-Proposal-AR	Advertising	Medicare Supplement Proposal	Initial		0.000	Loyal-MS-Proposal-AR.pdf



Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]
[Street Address]
[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [____]. The premiums vary by the plan selected. Plan availability varies by state.

Plan	Monthly	Quarterly	SemiAnnually	Annually
[Plan A]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan B]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan C]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan D]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan F]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan G]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan M]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan N]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]

Rates are illustrative only. Actual rates are based on where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. **No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.**

We appreciate the opportunity to help you and answer any questions. For more information contact:

[Brad test]
[123 main]
[Rocky Top, IL 61111]

Loyal American Life Insurance Company
PO Box 559004
Austin, TX 78755-9004
(866) 459-4272

Loyal-MS-Proposal-AR

<i>SERFF Tracking Number:</i>	<i>UTAC-126406324</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of Variability	Accepted for Informational Purposes	01/06/2010
Comments:			
Attachment:			
	LOYAL-SOV-MS-PROPOSAL.pdf		

Statement of Variability
Loyal American Life Insurance company

The following items are indicated as variable items on the Medicare Supplement proposal.

Variable Items	Justification
Proposal Date [November 3, 2009]	The [November 3, 2009] proposal date has been marked as variable so the Company, will be able to keep the date current with the date of the proposal.
Effective Date [November 3, 2009]	The [November 3, 2009] effective date has been marked as variable so the Company, will be able to keep the date current with the date of the proposal.
Name and Address [First M Last, Street Address, City, State, Zip Code]	The [First M Last, Street Address, City, State, Zip Code] name and address of the potential consumer has been marked as variable so the Company, will be able change the information for each potential consumer.
Issue Age [Age]	The [Issue Age [Age] has been marked as variable so the Company, will be able to change the Issue Age to match each potential consumer.
Plans and Rates	The Plans and Rates are marked as variable so we can only show the available Medicare Supplement plans in each state as well as the most current approved rates for each available plan.
[\$25.00 STATE SPECIFIC]	The one time application fee is being shown as variable in case the amount changes in the future or if the Company elects to discontinue the application fee in the future, the Company would be able to do so without re-filing the form.
Agent Name and Address [Brad Test, 123 Main, Rocky Top, IL 61111]	The agent contact information is being shown as variable so each agent can add in their own contact information to keep the letter personal.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/09/2009	Form	Medicare Supplement Proposal	01/06/2010	Loyal-MS-Proposal-GN.pdf (Superceded)



Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]
[Street Address]
[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [____]. The premiums vary by the plan selected. Plan availability varies by state.

Plan	Monthly	Quarterly	SemiAnnually	Annually
[Plan A]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
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[Plan N]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]

Premium rates above do not include a one time [(\$25.00 STATE SPECIFIC)] application fee.

Rates are illustrative only. Actual rates are based on your age, where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. **No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.**

We appreciate the opportunity to help you and answer any questions. For more information contact:

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